

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B A		04-06-01
O.I.P.E. CLASSIFIER			5/2/01
FORMALITY REVIEW	H-S	866	49 05-11-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	01-02-03-04-05-06-07-08-09-10-11-12
Original	01-02-03-04-05-06-07-08-09-10-11-12
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	N
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	01-02-03-04-05-06-07-08-09-10-11-12
Original	01-02-03-04-05-06-07-08-09-10-11-12
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Claim	Date
Final	01-02-03-04-05-06-07-08-09-10-11-12
Original	01-02-03-04-05-06-07-08-09-10-11-12
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If more than 150 claims or 10 actions  
staple additional sheet here

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